IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re application of:	:
Donna K. Lencki *et. al.*	:
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Conf. No.: 4094	: Group Art Unit: 3626
	:
Appln. No.: 09/748,359	: Examiner: Porter, Rachel L.
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Filing Date: December 26, 2000	: Attorney Docket No.: 051078-0020US
	:
Title: SYSTEM AND METHOD FOR FACILITATING SELECTION OF BENEFITS

APPELLANTS' BRIEF UNDER 37 C.F.R. § 41.37

This Brief is in furtherance of the Notice of Appeal filed in the above-identified patent application on June 5, 2009. This Appeal Brief is being timely filed on or before the initial deadline of August 10, 2009 (i.e., two-months from date of receipt of the Notice of Appeal, August 9, which is a Sunday).

The Director is hereby authorized to charge any required fees, including the appeal brief fee under 37 C.F.R. § 41 .20(b)(2) and any extension fees under 37 C.F.R. § 1.17(a), or credit any overpayments in connection with this submission to Deposit Account No. **50-0310** (Billing No. 051078-04-0020).

I.   REAL PARTY IN INTEREST

The real party in interest is CHOICELINX CORPORATION, the assignee of record, which is a wholly owned subsidiary of CIGNA HEALTH CORPORATION.

II.   RELATED APPEALS AND INTERFERENCES

Appellants are not aware of any other appeals or interferences that will directly affect, or be directly affected by, or have a bearing on the Board's decision in this appeal.

III.   STATUS OF CLAIMS

The status of the claims is as follows upon filing of this Appeal Brief:

Claims pending: 1-4, 6-12, 14-23, 25-31, 33-40, 42-48, 50-51, 70-73, 75-79, 81-82 and 106

Claims previously cancelled: 5, 13, 24, 32, 41, 49, 52-69, 74, 80, 83-105 and 107

Claims rejected: 1-4, 6-12, 14-23, 25-31, 33-40, 42-48, 50-51, 70-73, 75-79, 81-82 and 106

Claims objected to: None

Claims withdrawn from consideration but not cancelled: None

Claim allowed: None

The claims on appeal are 1-4, 6-12, 14-23, 25-31, 33-40, 42-48, 50-51, 70-73, 75-79, 81-82 and 106. A copy of the text of the claims involved in the appeal is attached as an appendix immediately following this Brief.

IV.   STATUS OF AMENDMENTS

No amendments are outstanding. Appellants filed the Notice of Appeal on June 5, 2009 after receiving a non-final Office Action dated March 5, 2009. The claims have been at least twice rejected.

V. SUMMARY OF CLAIMED SUBJECT MATTER

A. Independent Claim 1

The claimed subject matter of claim 1 is a method of providing benefits to an employee[1]. The method comprises receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type[2], for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface accessible through a computer network[3], wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category[4] and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category[5], and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero[6], for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category[7], and providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee[8].

B. Independent Claim 21

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[1] Application No. 09/748,359 specification at page 13 lines 11-20, Figs. 1 and 2

[2] *Id.* at page 55 lines 5-8, reference numerals 2008 and 2009 in Fig. 20A; page 60 line 16, reference numeral in 2251 Fig. 22E

[3] *Id.* at page 58 lines 10-16 and Fig. 22C; page 60 line 16, reference numeral 2251 in Fig. 22E

[4] *Id.* at page 58 lines 17-19, reference numerals 2231 in Fig. 22C; page 60 line 16 reference numeral 2252 in Fig. 22E

[5] *Id.* at page 58, line 11, reference numerals 2231 in Fig. 22C; page 60 lines 16-17 reference numeral 2253 in Fig. 22E

[6] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2252 in Fig. 22E

[7] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2250 in Fig. 22E

[8] *Id.* at page 15 lines 17-21

The claimed subject matter of claim 21 is a method of providing healthcare to an employee[9]. The method comprises receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type[10], for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different healthcare line items associated with the benefit category to the employee on a user interface accessible through a computer network[11], wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category[12] and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero[13], for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category[14], and providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee[15].

C.   *Independent Claim 40*

The claimed subject matter of claim 40 is a method of establishing a health care benefits offering to an employee group[16]. The method comprises establishing a healthcare cost for said

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[9] *Id*. at page 13 lines 11-20, Figs. 1 and 2

[10] *Id*. at page 55 lines 5-8, reference numerals 2008 and 2009 in Fig. 20A; page 60 line 16, reference numeral in 2251 Fig. 22E

[11] *Id*. at page 58, lines 10-16 and Fig. 22C; page 60 line 16, reference numeral 2251 in Fig. 22E

[12] *Id*. at page 58, lines 17-19, reference numerals 2231 in Fig. 22C; page 60 line 16 reference numeral 2252 in Fig. 22E.

[13] *Id*. at reference numeral 2231 in Fig. 22C; reference numeral 2252 in Fig. 22E

[14] *Id*. at reference numeral 2231 in Fig. 22C; reference numeral 2250 in Fig. 22E

[15] *Id*. at page 15 lines 17-21

[16] *Id*. at page 4 lines 7-8; page 13 lines 11-20, Figs. 1 and 2

group, and establishing a plurality of different health care line items based on said healthcare cost[17], the method further comprises receiving an insurance coverage package selection from an employee in the group[18], wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type[19], for each of the plurality of benefit categories automatically included in the package, simultaneously displaying the plurality of different line items to the employee on a user interface accessible through a computer network[20], wherein each of the different line items displayed on the interface is associated with the benefit category and includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category[21] and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category[22], and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero[23], for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category[24], and providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee[25].

    D.   *Independent Claim 70*

    The claimed subject matter of claim 70 is a system for providing benefits to an

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[17] *Id.* at page 60 line 16, reference numeral 2251 in Fig. 22E

[18] *Id.* at reference numeral 2250 in Fig. 22E

[19] *Id.* at page 55 lines 5-8, reference numerals 2008 and 2009 in Fig. 20A; page 60 line 16, reference numeral in 2251 Fig. 22E

[20] *Id.* at page 58, lines 10-16 and Fig. 22C; page 60 line 16 reference numeral 2251 in Fig. 22E

[21] *Id.* at page 58 lines 17-19, reference numerals 2231 in Fig. 22C; page 60 line 16 reference numeral 2252 in Fig. 22E

[22] *Id.* at page 58, line 11, reference numerals 2231 in Fig. 22C; page 60 lines 16-17 reference numeral 2253 in Fig. 22E

[23] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2252 in Fig. 22E

[24] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2250 in Fig. 22E

[25] *Id.* at page 15 lines 17-21

employee[26]. The system comprises at least one database[27], at least one processor for accessing said database[28], and a user-interface accessible through a computer network for accessing said processor[29], wherein the at least one processor receives an insurance coverage package selection from the employee via the user-interface[30], wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type[31], wherein for each of the plurality of benefit categories automatically included in the package, the user-interface simultaneously displays a plurality of different line items associated with the benefit category to the employee[32], wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter stored in the at least one database and corresponding to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category[33] and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category, said corresponding benefit cost being stored in the at least one database[34], and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero[35], wherein for each of the plurality of benefit categories automatically included in the package, the at least one processor receives via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category[36], and wherein the at least one processor is used for providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the

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[26] *Id.* at page 13 lines 11-20, Figs. 1 and 2

[27] *Id.* at page 20 lines 1 and 2, reference numeral 23 in Fig. 4

[28] *Id.* at page 4 lines 11-12

[29] *Id.* at page 4 lines 13-14

[30] *Id.* page 4 lines 13-14

[31] *Id.* at page 55 lines 5-8, reference numerals 2008 and 2009 in Fig. 20A; page 60 line 16, reference numeral in 2251 Fig. 22E

[32] *Id.* at page 58 lines 10-16 and Fig. 22C; page 60 line 16, reference numeral 2251 in Fig. 22E

[33] *Id.* at page 58 lines 17-19, reference numerals 2231 in Fig. 22C; page 60 line 16 reference numeral 2252 in Fig. 22E

[34] *Id.* at page 58, line 11, reference numerals 2231 in Fig. 22C; page 60 lines 16-17 reference numeral 2253 in Fig. 22E

[35] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2252 in Fig. 22E

[36] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2250 in Fig. 22E

employee in accordance with the purchase selections made by the employee[37].

E.   Independent Claim 106

The claimed subject matter of claim 106 is a method of providing benefits to an employee[38]. The method comprises receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type[39], for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different health insurance line items associated with the benefit category to the employee on a user interface accessible through a computer network[40], wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category[41] and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category[42], and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero[43], identifying a predefined employer contribution to said employee on said user interface for purchase of at least one of said line items[44], for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category[45], storing data representing each said line item purchased by

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[37] *Id.* at page 15 lines 17-21

[38] *Id.* at page 13 lines 11-20, Figs. 1 and 2

[39] *Id.* at page 55 lines 5-8, reference numerals 2008 and 2009 in Fig. 20A; page 60 line 16, reference numeral in 2251 Fig. 22E

[40] *Id.* at page 58 lines 10-16 and Fig. 22C; page 60 line 16, reference numeral 2251 in Fig. 22E

[41] *Id.* at page 58 lines 17-19, reference numerals 2231 in Fig. 22C; page 60 line 16 reference numeral 2252 in Fig. 22E

[42] *Id.* at page 58, line 11, reference numerals 2231 in Fig. 22C; page 60 lines 16-17 reference numeral 2253 in Fig. 22E

[43] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2252 in Fig. 22E

[44] *Id.* at reference numeral 2241 in Fig. 22D and reference numeral 2252 in Fig. 22E

[45] *Id.* at reference numeral 2231 in Fig. 22C; reference numeral 2250 in Fig. 22E

said employee[46], transmitting said data to a benefit claims processing vendor configured to build a benefit profile for said employee based on said data[47], and providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee[48].

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

a. Whether claims 70-73, 75-79 and 81-82 are unpatentable under 35 U.S.C. § 112, second paragraph, on the grounds that the claims are indefinite;

b. Whether claims 1-4, 6-12, 15-17, 20-31, 34-36, 39-48, 51, 70-73, 75-79 and 82 are unpatentable under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,735,569 to Wizig ("Wizig") in view of U.S. Patent No. 6,067,522 to Warady et. al. ("Warady"); and

c. Whether claims 14, 18-19, 33, 37-38, 50, 81 and 106 are unpatentable under 35 U.S.C. § 103(a) as being unpatentable over Wizig and Warady in view of U.S. Patent No. 5,890,129 to Spurgeon ("Spurgeon").

VII. ARGUMENT

Whether the rejection under 35 U.S.C. § 112, second paragraph, is improper:

Claims 70-73, 75-79 and 81-82 stand rejected under 35 U.S.C. § 112, second paragraph, on the grounds that the claims are indefinite (Non-Final Office Action, dated March 5, 2009, sections 3 and 4). Specifically, the Examiner asserts that while the preamble of claim 70 recites "a system", the body of the claim includes both system components and method steps.

"There is nothing inherently wrong with defining some part of an invention in functional terms. Functional language does not, in and of itself, render a claim improper." *See* Manual of Patent Examining Procedure § 2173.05(g), citing *In re Swinehart*, 439 F.2d 210, 169 U.S.P.Q.

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[46] *Id.* at page 19 line 15-21 and Fig. 4
[47] *Id.* at page 19 line 15-21 and Fig. 4
[48] *Id.* at page 15 lines 17-21

226 (C.C.P.A. 1971). While claim 70 is directed to a system and includes functional language, its meaning is clear and, thus, complies with 35 U.S.C. 112, second paragraph.

In view of the foregoing, Appellants respectfully request the 112 rejection be withdrawn.

Whether the rejections under 35 U.S.C. § 103(a) are improper:

Claims 1-4, 6-12, 15-17, 20-31, 34-36, 39-48, 51, 70-73, 75-79 and 82 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,735,569 to Wizig ("Wizig") in view of U.S. Patent No. 6,067,522 to Warady et. al. ("Warady") (Non-Final Office Action, dated March 5, 2009, sections 6 and 7) and claims 14, 18-19, 33, 37-38, 50, 81 and 106 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Wizig and Warady in view of U.S. Patent No. 5,890,129 to Spurgeon ("Spurgeon") (Non-Final Office Action, dated March 5, 2009, sections 6 and 8).

In response to the Examiner's rejection of such claims as obvious over Wizig in view of Warady, or over Wizig in view of Warady and Spurgeon, Appellants respectfully submit that the pending claims are neither shown nor suggested by the cited references, alone or in combination, for at least the following reasons.

First, each of the independent claims 1, 21, 40, 70, and 106 require "receiving an insurance coverage package selection from the employee, wherein the insurance coverage package . . . automatically includes coverage under a plurality of benefit categories associated with the benefit type." Thus, in one embodiment of the present invention, the consumer begins the process by selecting a fully functional benefits package, i.e., a benefits package that automatically includes coverage under the plurality of benefit categories. In contrast to Wizig, where the consumer is given the option to exclude coverage for a given type of physician (see, e.g., Fig. 31 of Wizig where the obstetrician selected is "NONE"), the present invention automatically includes coverage under the plurality of benefit categories. Similarly, in Warady, the consumer is given the option to "opt out". (see, Fig. 7a). For this reason, the present claims are distinguishable from Wizig and Warady.

Further, each of the independent claims also require "for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface

accessible through a computer network, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category." The Examiner admits that Wizig does not disclose these limitations but asserts that these limitations are disclosed in Warady at Figures 7a – 7b. Appellants respectfully disagree.

Warady discloses a system for allowing consumers to enroll in a benefit plan (*See* the Abstract). In particular, as shown in Figures 7a – 7b, a number of benefit plans (e.g., USHC-NJ, USHC-PA, VNA, Amerihealth etc.) are presented to a consumer for election. The Warady system does not disclose breaking the plans down into components and allowing the consumer to make selections from those various components, thereby configuring a new, custom-built plan to suit the particular consumer's needs. It is important to note that, until the consumer selects from among the various components, no benefits package or plan is presented.

The "take it or leave it" approach to plan selection of Warady stands in stark contrast to the claims of the present invention. In particular, the present invention does not merely present plans to a consumer for election but, instead, allows a consumer to configure a plan herself by making selections from various options presented to her.

The highly configurable nature of the invention is reflected in the claim language, as follows. "[F]or *each of the **plurality of benefit categories*** automatically included in the package, . . . *a **plurality of different line items*** associated with the benefit category" are displayed to the employee. Thus, the claim language makes clear that *each of multiple benefit categories* are associated *with multiple different line items*. Further, "***each of the different line items*** displayed on the interface includes (i) an ***out-of-pocket cost parameter*** that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category *and* (ii) *a **corresponding benefit cost*** to the employee for purchasing the coverage under the benefit category." Thus, the claim language makes clear that *each of the multiple line items* are associated *with an out-of-pocket cost and a corresponding benefit cost*. An example of the claimed "out-of-pocket cost parameter" included in the line item is a co-pay amount that an employee is required to pay each time he/she *uses* the coverage. An example of the claimed "benefit cost" included in the line item is a monthly cost to the employee for *purchasing* the

coverage.

These parameters allow "*a **purchase selection** from the employee corresponding to one of the plurality of different line items associated with the benefit category.*"

Thus, in sum, the claimed invention allows, *inter alia*, an employee *to create his own custom benefit plan* through "line item" selection of both the out-of-pocket cost and benefit cost corresponding to each benefit category given a plurality of "line item" choices. Prior to the employee's selections, the benefit plan is not configured and is never shown to the employee. This is in contrast to Warady which teaches *presenting to the employee several pre-configured benefit plans*, from which the employee chooses one. Allowing for an employee to create his own health care plan or package by selecting a "line item" for each of a plurality of benefit categories, after considering the relative tradeoffs, is an important feature of the claimed invention that is absent from Warady.

Spurgeon does not make up for these deficiencies in Wizig or Warady.

The Examiner has further asserted that "these limitations regarding the data that are displayed on the screen, are nonfunctional description material and are not functionally involved in the steps recited", concluding that "this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability."

The Appellants respectfully disagree. The displayed line item data is functionally involved in the recited steps, at least in that the employee makes selections from such data, and such selections are included as part of the insurance coverage package. Thus, the line item limitations constitute positive limitations on the claims, and serve to distinguish the claims from the prior art.

The cases cited by the Examiner do not dictate a different conclusion. In *In re Gulack*, the claim at issue involved digits imprinted on a substrate (i.e., a band). *In re Gulack*, 703 F.2d 1381, 1386-1387, 217 U.S.P.Q 401 (Fed. Cir. 1983). In *Gulack*, the court find that digits imprinted on a band were functionally related to the band, in an unobvious way, because "there [was] an endless sequence of digits – each digit residing in a unique position with respect to every other digit in an endless loop . . . . [thereby exploiting] the endless nature of the band". *Id.* Assuming "printed matter" cases such as *Gulack* are even applicable to the present claims which

involve data,[49] like the printed matter in *Gulack*, the data in the claims of the instant application, upon selection by the employee, are used to make up the insurance coverage package that is provided in accordance with the recited steps and, thus, are functionally related to the recited steps.

The Examiner further cites to *In re Lowry*, 32 F.3d 1579, 32 U.S.P.Q.2d 1031 (Fed. Cir. 1994). In *Lowry*, the court found that the "PTO did not establish that the [claimed data structures], within the context of the entire claims, lack a new and nonobvious functional relationship with the memory. The [data structures] follow a particular sequence that enables more efficient data processing operations on stored data. . . . . In sum, the [data structures] perform a function. *Gulack* requires no more." *Id.* at 1584. In the present claims, the data is functionally related to the claimed steps in that certain of this data is selected by the employee and the insurance coverage package is provided in accordance with that selection. Thus, the displayed line item data do not constitute mere description nonfunctional material and should be afforded patentable weight.

In view of the foregoing, Appellants respectfully submit that the cited references fail to disclose each and every element of each of the independent claims. Even when the references are combined in the manner suggested by the Examiner, the references are insufficient to teach or suggest all the limitations of the claims and they would not have enabled one of ordinary skill in the art to have arrived at the claimed invention with any reasonable expectation of success or predictability. Accordingly, withdrawal of the rejection is respectfully requested.

Conclusion:

In view of the foregoing, Appellants respectfully submit that the rejections made in the non-final Office Action dated March 5, 2009 are in error and therefore should be withdrawn.

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[49] *See In re Lowry*, 32 F.3d 1579, 1583, 32 U.S.P.Q.2d 1031 (Fed. Cir. 1994) ("The printed matter cases have no factual relevance where "the invention as defined by the claims *requires* that the information be processed not by the mind but by a machine, the computer", quoting *In re Bernhart*, 417 F.2d 1395, 1399, 163 USPQ 611, 615 (CCPA 1969)); *see also id.* at 1583 – 84 (the claimed data structures were not analogous to printed matter, as they were more than mere abstractions). As in *Lowry*, the data described herein is processed by a computer, and more than mere abstractions, as they are used by the claimed method in a concrete way (i.e., to form insurance coverage packages).

Respectfully submitted,
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VIII.   CLAIMS APPENDIX

1. A method of providing benefits to an employee comprising:

   receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

   for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

   for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

   providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

2. A method according to claim 1, wherein at least one of the different line items displayed on the interface includes a predefined employer contribution to said employee for purchase of said at least one of said line items.

3. A method according to claim 1, wherein said plurality of benefit categories comprises insurance benefits.

4. A method according to claim 3, wherein said insurance benefits comprise health insurance benefits.

5. (Cancelled)

6. A method according to claim 1, wherein said benefit costs to the employee for purchasing the coverage under the benefit category are established based on prior cost data.

7. A method according to claim 1, wherein said benefit costs to the employee for purchasing the coverage under the benefit category are established based on actuarial data.

8. A method according to claim 1, said method further comprising: identifying a plurality of options for purchase by said employee within said line items.

9. A method according to claim 8, wherein said options comprise cost sharing options.

10. A method according to claim 8, wherein said options comprise place of service options.

11. A method according to claim 8, wherein said options comprise benefit provider network options.

12. A method according to claim 8, said method further comprising: identifying a plurality of sub-options for purchase by said employee within said options.

13. (Cancelled)

14. A method according to claim 1, wherein said computer network is a local area network.

15. A method according to claim 1, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

16. A method according to claim 1, said method further comprising: identifying factors on said user interface for said employee to consider in connection with the purchase of one or more of said line items.

17. A method according to claim 1, said method further comprising: querying said employee through said user interface for personal information related to said employee; and explaining the need for said personal information on said user interface.

18. A method according to claim 1, said method further comprising: storing data representing each said line item purchased by said employee; and transmitting said data to a benefit claims processing vendor configured to automatically build a benefit profile for said employee based on said data.

19. A method according to claim 18, wherein said claims processing vendor is configured to confirm eligibility for payment of benefit claims based on said benefit profile.

20. A method according to claim 1, said method further comprising: creating data comprising personal information related to said employee and representing each said line item purchased by said employee; and transmitting said data to a customer service vendor configured to

automatically build a customer benefit summary for said employee based on said data.

21. A method of providing healthcare to an employee comprising:

receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different healthcare line items associated with the benefit category to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

22. A method according to claim 21, wherein at least one of the different line items displayed on the interface includes a predefined contribution to said employee for purchase of at least one of said line items.

23. A method according to claim 22, wherein said predefined contribution is provided by said employee's employer.

24. (Cancelled)

25. A method according to claim 21, wherein said benefit cost to the employee for purchasing the coverage under the benefit category is established based on prior cost data.

26. A method according to claim 21, wherein said benefit costs to the employee for purchasing the coverage under the benefit category is established based on actuarial data.

27. A method according to claim 21, said method further comprising: identifying a plurality of options for purchase by said employee within said line items.

28. A method according to claim 27, wherein said options comprise cost sharing options.

29. A method according to claim 27, wherein said options comprise place of service options.

30. A method according to claim 27, wherein said options comprise benefit provider network options.

31. A method according to claim 27, said method further comprising: identifying a plurality of sub-options for purchase by said employee within said options.

32. (Cancelled)

33. A method according to claim 21, wherein said computer network is a local area network.

34. A method according to claim 21, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

35. A method according to claim 21, said method further comprising: identifying factors on said user interface for said employee to consider in connection with the purchase of one or more of said line items.

36. A method according to claim 21, said method further comprising: querying said employee through said user interface for personal information related to said employee; and explaining the need for said personal information on said user interface.

37. A method according to claim 21, said method further comprising: storing data representing each said line item purchased by said employee; and transmitting said data to a benefit claims processing vendor configured to automatically build a benefit profile for said employee based on said data.

38. A method according to claim 37, wherein said claims processing vendor is configured to confirm eligibility for payment of benefit claims based on said benefit profile.

39. A method according to claim 21, said method further comprising: creating data comprising personal information related to said employee and representing each said line item purchased by said employee; and transmitting said data to a customer service vendor configured to automatically build a customer benefit summary for said employee based on said data.

40. A method of establishing a health care benefits offering to an employee group comprising: establishing a healthcare cost for said group; and establishing a plurality of different health care

line items based on said healthcare cost;

said method further comprising:

receiving an insurance coverage package selection from an employee in the group, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying the plurality of different line items to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface is associated with the benefit category and includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

41. (Cancelled)

42. A method according to claim 40, wherein said healthcare cost is established based on prior cost data.

43. A method according to claim 40, wherein said healthcare cost is established based on actuarial data.

44. A method according to claim 40, said method further comprising: establishing a plurality of options within at least one of said line items.

45. A method according to claim 44, wherein said options comprise cost sharing options.

46. A method according to claim 44, wherein said options comprise place of service options.

47. A method according to claim 44, wherein said options comprise benefit provider network options.

48. A method according to claim 44, said method further comprising: establishing a plurality of sub-options within at least one of said options.

49. (Cancelled)

50. A method according to claim 40, wherein said computer network is a local area network.

51. A method according to claim 40, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

52.-69. (Cancelled)

70. A system for providing benefits to an employee comprising:

      at least one database;

at least one processor for accessing said database; and

a user-interface accessible through a computer network for accessing said processor;

wherein the at least one processor receives an insurance coverage package selection from the employee via the user-interface, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

wherein for each of the plurality of benefit categories automatically included in the package, the user-interface simultaneously displays a plurality of different line items associated with the benefit category to the employee, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter stored in the at least one database and corresponding to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category, said corresponding benefit cost being stored in the at least one database; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

wherein for each of the plurality of benefit categories automatically included in the package, the at least one processor receives via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

wherein the at least one processor is used for providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

71. A system according to claim 70, wherein said at least one database further comprises data representing a predefined employer contribution to said employee for purchase of at least one of said line items.

72. A system according to claim 70, wherein at least one of said benefit categories comprises

insurance benefits.

73. A system according to claim 72, wherein said insurance benefits comprise health insurance benefits.

74. (Cancelled)

75. A system according to claim 70, wherein said database further comprises data representing a plurality of options for purchase by said employee within said line items.

76. A system according to claim 75, wherein said options comprise cost sharing options.

77. A system according to claim 75, wherein said options comprise place of service options.

78. A system according to claim 75, wherein said options comprise benefit provider network options.

79. A system according to claim 75, wherein said at least one database further comprises data representing a plurality of sub-options for purchase by said employee within said options.

80. (Cancelled)

81. A system according to claim 70, wherein said computer network is a local area network.

82. A system according to claim 70, wherein said computer network is a global computer

network and wherein said user interface is provided at a web site on said network.

83.-105. (Cancelled)

106. A method of providing benefits to an employee comprising:

receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different health insurance line items associated with the benefit category to the employee on a user interface accessible through a computer network; wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

identifying a predefined employer contribution to said employee on said user interface for purchase of at least one of said line items;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category;

storing data representing each said line item purchased by said employee;

transmitting said data to a benefit claims processing vendor configured to build a benefit profile for said employee based on said data; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase

selections made by the employee.

107. (Cancelled)

IX. EVIDENCE APPENDIX

None.

X.   RELATED PROCEEDINGS APPENDIX

None.